DATCHT ADDI 10 (WALL COS)								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2001								35. Gag/7				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							۸	SMALL TYPE	ENTITY	OF		R THAN ENTITY
TOTAL CLAIMS			7:	28				RATE	FEE	ת די	RATE	FEE
FOR			NUMBER	NUMBER FILED		BER EXTRA	1	BASIC F	EE 370.00	OR		
TOTAL CHARGEABLE CLAIMS			32 m	32 minus 20=		. /2		X\$ 9=		OF		216
INDEPENDENT CLAIMS			9 minus 3 =		. 8			X42=	1	1		1, '-
MULTIPLE DEPENDENT CLAIM PF			RESENT				ł			HOR		504
* If the difference in column 1 is less than zero, enter "0" in column 2											280	
IOIAC OR TOTAL												
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALI	. ENTITY	OR	OTHER	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- FIONAL
	Total	. 27	Minus	- 3	2	- ()		X\$ 9=	FEE	OR	X\$18=	FEE
	Independent	. 8	Minus	200	9_	-9		X42=		OR	X84=	7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									,.	. ,,,,,,	e	
								+140 <sub>P</sub>		OR	+280=	
(Column 4)								ADDIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS		(Colum	ST	(Column 3)	ľ		1 400:	, .		
		REMAINING AFTER AMENOMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	. 29	Minus	-30	2	•		X\$ 9-		OR	X\$18=	, <u></u>
		INTATION OF MI	Minus JLTIPLE DET	ENDENT	CLAIM			X42≈		OR	X84=	•
								+140=	·	OR	+280=	
								TOTAL DOIT. FEE		ORI	TOTAL ADDIT. FEE	
-		(Column 1)		(Colum		(Column 3)						
<u> </u>		REMAINING AFTER AMENDMENT	1.3	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	. 28	Minus		2	. ^		X\$ 9-	FEE		X\$18=	FEE
	Independent	• 3	Minus	max 9		<b>=</b> ·	-			OR		
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (	CLAIM		-	X42=	<u> </u>	OR	X84=	
+140= OR +280=  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  APPLY FEE												
_	the Trighest Nur	mber Previously Paid ber Previously Paid	ld For' IN THE	S SPACE IN	locs than	3 cotor "3"		DIT. FEE	propriate box		DOIT FEE	
RM	PTO-875 (Rev. 8/0	M)										